

FEB/01/2010/MON 04:40 PM

RECEIVED
CENTRAL FAX CENTER
FAX No.

P. 001

FEB 01 2010

THE WEBB LAW FIRM
Patent | Trademark | Copyright Law

700 Koppers Building
436 Seventh Avenue
Pittsburgh, PA 15219

P 412.471.8815
F 412.471.4094
webblaw@webblaw.com

FACSIMILE TRANSMITTAL

Company	United States Patent and Trademark Office
City and State	Alexandria, VA
Facsimile Number	571-273-8300
From	The Webb Law Firm
Total Number of Pages	24 (including information sheet)
Date Transmitted	February 1, 2010
Webb Ref.	4544-051675
Your Ref	10/536,533

Application No.:	10/536,533
Filing Date:	09/03/2003
First Named Inventor:	Ganga Rai et al.

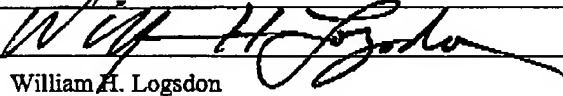
If you do not receive all pages, please call 412.471.8815 as soon as possible.

TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/536,533
	Filing Date	9/3/2003
	First Named Inventor	Ganga Rai et al.
	Art Unit	1645
	Examiner Name	Jana A. Hines
Total Number of Pages in This Submission	Attorney Docket Number	4544 - 051675

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts Under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input checked="" type="checkbox"/> Petition To Revive <input type="checkbox"/> Petition to convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Continued Examination
<div style="border: 1px solid black; padding: 2px;">Remarks</div>		


The Commissioner for Patents is hereby authorized to charge any additional fees or underpayment of fees under 37 CFR 1.16 and 1.17 to Deposit Account No. 23-0650.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	The Webb Law Firm		
Signature			
Printed Name	William H. Logsdon		
Date	February 1, 2010	Reg. No.	22,132

CERTIFICATE OF TRANSMISSION / MAILING

I hereby certify that this correspondence is being electronically transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Mary Ann Mulvihill	Date	February 1, 2010